

No. W 9671	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTHWEST ENGRAVING SERVICE, LLC MIKE LARSON 302 C THAIN RD LEWISTON ID 83501		MIKE LARSON 302 C THAIN RD LEWISTON ID 83501			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JOHN LARSON	2335 ALBRIGHT GRADE	LEWISTON	ID	USA	83501
MANAGER	MICHAEL LARSON	708 12TH AV	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 9671	6. Annual Report must be signed.* Signature: Jill Garner Name (type or print): Jill Garner		Date: 07/16/2014 Title: Office Manager			
Processed 07/16/2014		* Electronically provided signatures are accepted as original signatures.				